



## ICOLA Membership Form

### Name

(please print) \_\_\_\_\_

\_\_\_\_ Check here if you were a member last year and all your contact information is the same

**Mailing Address** \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

### Lake Address

(if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_ I own ICOLA waterfront property    \_\_\_\_ I DO NOT own ICOLA waterfront property

**Circle your Lake:** Clear Lake / Chain Lake / Island Lake / McCann Lake

**1st E-Mail** \_\_\_\_\_ **2nd (opt) E-Mail** \_\_\_\_\_

### Newsletter Delivery Preference (select one)

\_\_\_\_ E-Mail Newsletter/Announcements (preferred)    \_\_\_\_ U.S. Postal (using mailing address)

**I am interested in helping with (circle all that apply)**

Walleye    Shoreline Restoration    Brat Feed    Invasive Species    Adopt-A-Highway    Other

**YEARLY FAMILY MEMBERSHIP \$20**

**Additional DONATION \$** \_\_\_\_\_

Desired usage of any Additional DONATION (circle)    Walleye    Fireworks    Other \_\_\_\_\_

\_\_\_\_ Check if donating more than \$50 to request a receipt

Please make checks payable to: **Island Chain of Lakes Association, Inc**

Chris Hirschinger - Treasurer  
N410 Park Dr  
New Auburn, WI 54757  
608-235-0156